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Customer Number 28960

Attorney Docket No.: FLEX-00101

MAIL STOP NEW PATENT APPLICATION Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

### **NEW APPLICATION TRANSMITTAL**

Sir:

Transmitted herewith for filing is the patent application of Inventor: Barbara Tornaghi

INTEGRATED CELLULAR PHONE, DIGITAL CAMERA, AND PDA, WITH SWIVEL MECHANISM PROVIDING ACCESS TO Title: THE INTERFACE ELEMENTS OF EACH FUNCTION

# **CERTIFICATION UNDER 37 CFR § 1.10**

I hereby certify that this New Application and the documents referred to as enclosed herein are being deposited with the United States Postal Service on this date, February 4, 2004, in an envelope bearing "Express Mail Post Office To Addressee" Mailing Label Number EL993346545US addressed to: PATENT APPLICATION, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Junifel Pak (Name of Person Mailing Paper)

### Enclosed are:

- 1. The papers required for filing date under CFR § 1.53(b):
  - 18 Pages of Specification (including claims);
- Sheet(s) of Drawings. 8
  - Formal X
    - Informal
- Declaration or Oath (combined with Power of Attorney) (unexecuted)
- Power of Attorney (combined with Declaration) (unexecuted)
- Assignment of the Invention to Flextronics Sales & Marketing (A-P) Ltd. (including Form PTO-1595).
- 5.. Fee Calculation
  - Amendment changing number of claims or deleting multiple dependencies is enclosed.

### **CLAIMS AS FILED**

|                                     | Number Filed | Number Extra | Rate     | Basic Fee |
|-------------------------------------|--------------|--------------|----------|-----------|
|                                     |              |              |          | \$770.00  |
| Total Claims                        | 30 - 20 =    | 10           | \$18.00  | 180.00    |
| Independent Claims                  | 2 - 3 =      | 0            | \$86.00  | 0.00      |
| Multiple Dependent claim(s), if any |              |              | \$290.00 |           |
|                                     | \$950.00     |              |          |           |

|                    | Number Fried              | Number Extra | Kate                   | \$770.00 |
|--------------------|---------------------------|--------------|------------------------|----------|
| Total Claims       | 30 - 20 =                 | 10           | \$18.00                | 180.00   |
| Independent Claims | 2 - 3 =                   | 0            | \$86.00                | 0.00     |
| Multiple D         | ependent claim(s), if any | \$290.00     |                        |          |
|                    |                           |              | Filing Fee Calculation | \$950.00 |
| 6. Other Fees      |                           |              |                        |          |

Assignment Recordation Fee

Other

0.00

TOTAL FEES ENCLOSED

\$950.00

- Payment of Fees 7
  - <u>X</u> Check in the amount of \$950.00 enclosed.
- X 8. Authorization to Charge Additional Fees

The Commissioner is hereby authorized to charge any additional fees (or credit any overpayment) associated with this communication and which may be required under 37 CFR § 1.16 or § 1.17 to Account No. <u>08-1275</u>. <u>An originally</u> executed duplicate of this transmittal is enclosed for this purpose.

9. <u>X</u> Return Receipt Postcard

Dated: February 4, 2004

Registration No.: 32,571